

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10		1				
11						
12						
13						
14						
15		1				
16	1					
17		1				
18						
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25						
26						
27						
28						
29						
30						
31	1					
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54		12				
55		12				
56	1					
57		1				
58		1				
59	1					
60		1				
61	1					
62	1					
63		1				
64		1				
65		1				
66	1					
67		1				
68		1				
69	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	8	←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS